

Case#: \_\_\_\_\_ Individual ID: \_\_\_\_\_ Individual Name: \_\_\_\_\_

Employment & Career Advisor \_\_\_\_\_ Phone #: \_\_\_\_\_

**Rhode Island Works Employment Plan – Component/Activity Notification**

I understand that I am being referred to a provider for services under one of five (5) activity groups (components), and that there are multiple activities in which I could engage under each component.

- Component 1: Supportive Services – at \_\_\_\_\_ CCAP GATEWAY SSTARBIRTH\* (circle one)
  - Assessment
  - DCYF Services
  - Domestic Violence Intervention
  - Housing Search
  - Learning Disability Evaluation/Treatment
  - Mental Health Treatment
  - ORS / Vocational Rehabilitation
  - Physical Health Treatment
  - SSI Evaluation
  - Substance Abuse Treatment
  
- Component 2: Teen and Family Development – at \_\_\_\_\_ CCAP RESCARE (circle one)
  - GED (General Equivalency Diploma)
  - High School Diploma
  
- Component 3: Vocational Training – at \_\_\_\_\_ CCAP RESCARE DLT (circle one)
  - Assessment
  - Community Work Experience
  - Employment
  - Job Search
  - Post-Secondary
  - Vocational Education
  - Work Experience
  
- Component 4: Work Readiness – at \_\_\_\_\_ CCAP GATEWAY RESCARE DLT (circle one)
  - Assessment
  - Community Work Experience
  - Employment
  - Job Search
  - Job Skills for Employment
  - On the Job Training (OJT)
  - Subsidized Private-Sector Employment
  - Subsidized Public-Sector Employment
  - Work Experience
  
- Component 5: Education – at \_\_\_\_\_
  - Adult Basic Education
  - English as a Secondary Language
  - GED (General Equivalency Diploma)
  - High School Diploma

The provider named above and I will determine which activities/services (within the component checked above) will serve my family best, preparing me to obtain and maintain employment and helping my family to become self-sufficient. I understand any change from one component to another will require a new Employment Plan.

I have received a copy of this Component/Activity Notification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date: \_\_\_\_\_

\* For pregnant and postpartum women only